

RESEARCH MONITOR

Houston Center for Quality of Care & Utilization Studies, VA HSR&D Center of Excellence

Dr. Nelda P. Wray receives VA Under Secretary's Award for Excellence in Health Services Research

By Carol M. Ashton, MD, MPH

Our Center has received a great honor. Nelda P. Wray, MD, MPH, one of the scientists at our Center, who previously was the Director of this Center from its establishment in 1990 until July 1998, has received the highest award for health services research granted by the U.S. Department of Veterans Affairs. She is this year's recipient of the Under Secretary's Award for Outstanding Achievement in Health Services Research.

The award is given to a VA scientist (1) whose research has added significantly to the understanding of factors that affect the health of America's veterans and has led to a major improvement in the quality of veterans' health care, (2) who has made a substantive contribution to the future of VA health services research by inspiring a new generation of investigators through excellence in training and mentorship, and (3) who has enhanced the visibility and reputation of VA research through national leadership in the research community.

The award was presented to Dr. Wray by VA's Under Secretary for Health, Dr. Thomas Garthwaite, at the annual VA



Drs. John Feussner, John Demakis, Nelda Wray, and Thomas Garthwaite

Health Services Research and Development Service national meeting in Washington, DC, in March, 2000. The award comes with a plaque, a one-time individual cash award, and \$50,000 per year for three years to support the awardee's research program.

Dr. Wray received two standing ovations at the meeting, one when the prize was announced, and the second after her acceptance speech. The speech was enthusiastically received by the assembled 500 or so meeting participants, and many people came up afterwards to say how much they enjoyed her talk and how much they benefitted from what she had to say. I would like to recap a bit of her talk here,

for the benefit of those who missed the meeting.

Dr. Wray talked about the journey that has brought her to where she is today and the philosophy of research and leadership that she has followed throughout her

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New Staff

The Houston Center for Quality of Care & Utilization Studies (HCQCUS) is one of 11 VA Health Services Research and Development Centers of Excellence (VA HSR&D). Established in 1990, the Houston Center of Excellence systematically examines the impact of the organization, management and financing of health care services on the delivery, quality, cost, utilization and outcomes of care.

All Center research, technical assistance and post-doctoral training directly or indirectly serve the needs of our nation's veterans, or the VA health care system.

We have particular expertise in analysis of large health and hospital databases and health outcomes analysis. Our primary areas of research include: determinants of utilization of health care, quality assessment using large databases, outcome measures of quality and effectiveness, assessing patients' values and preferences, qualitative methodology, and clinical outcomes.

Several Center researchers are clinicians at the Houston VA Medical Center, a member institute of the Texas Medical Center, and all Center researchers are Baylor College of Medicine faculty members.

Editorial committee: Frank Martin, MS; Howard S. Gordon, MD; Wednesday Foster, MPH; and Mary Lonadier. Photography: Houston VA Medical Media and Mark Kunik, MD.

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Yvette Pinales is the new Team Leader secretary and will be providing support to all the investigators. Yvette has over 10 years secretarial/administrative assistant experience, and this is her first appointment with VA. She's married and has 4 children (two boys and two girls) ranging from ages 2 to 8. In her spare time, Yvette enjoys traveling and just hanging out with family.

Barbara A. Chamberlin was hired as a secretary, and is working in the Center's reception area. This is her first employment with the VA, but she brings with her many years of secretarial experience in private industry. She worked for an environmental management consulting firm in Houston and she worked for the University of Houston previous to that. She has four children all living in Texas and likes to work with her horse in her spare time.

Clint Ladd, BA (University of Texas, Austin) is currently working as an intern with the Cardiac Care Decision Making Study. He also attends the UT School of Public Health where he is pursuing his MS in epidemiology.

Congratulations to **Stephen Samuel**, who has completed his tour of duty at the Center of Excellence and will attend the University of Texas-Houston Medical School this fall. Stephen will also complete the requirements for the MPH from the University of Texas School of Public Health in December. "I've really enjoyed my experiences here and I am looking forward to starting my medical education," said Stephen.

So long to **Debora A. Paterniti, PhD**, qualitative sociologist. Debora has accepted a faculty appointment at the University of California, Davis Medical Center, Center for Health Services Research in Primary Care.



Postdoctoral fellowships in health services research

- ☐ Measuring quality of care
- ☐ Exploring racial disparities in health care access
- ☐ Analyzing utilization and costs
- ☐ Incorporating patient preferences in treatment decisions
- ☐ Determining the effects of reimbursement mechanisms

For more information contact: Joyce McDaniel, Assistant Director for Administration & Finance, Health Services Research & Development Center of Excellence, 713-794-7615

National Conference: Techniques for Handling Bias in Health Services Outcomes Research

By Kimberly Wristers, PhD

The Houston VA Center for Quality of Care & Utilization Studies will host a national conference on techniques for handling bias in health services outcomes research, on November 7-9, 2000.

Researchers have always been concerned about making spurious conclusions due to bias at either the design or analysis phases of research. Bias, defined as any systematic effect that distorts the outcome of an experiment so that the results do not represent the phenomenon under study, is of particular interest for investigators conducting outcomes research. As health services researchers investigate the efficacy and effectiveness of medical treatments, they encounter many challenges such as access to only small numbers of patients, missing data from patients, separating individual patient effects from physician or hospital effects, and the lack of reliable and valid measures. As they address these challenges, health services researchers need training in the most current statistical techniques for handling bias.

This conference will focus on the most current statistical techniques, bringing together leading specialists in sampling techniques, missing data analyses, measurement theory, and modeling techniques. Health researchers from all disciplines can learn about new and advanced methods for handling bias at this event. The conference is sponsored by the VA Health Services Research & Development Service; Pfizer, Inc.; the Agency for Healthcare Research and Quality (AHRQ); and Baylor College of Medicine.

The conference will be held at the J.W. Marriott Hotel located in the heart of Houston's premiere up-town district, across from the famous Galleria Mall, the Southwest's premier shopping center. A block of rooms in the name of *Bias Conference* has been set aside at the special rate (\$149.00). Please inform the hotel (1-800-831-4004) if you are on federal travel orders. We recommend that you reserve your room by September 15, 2000. The \$210 conference registration fee includes all sessions, workshops, poster presentations, gourmet pre-conference dinner, continental breakfasts, coffee breaks, and the wine and cheese evening event. For more information call Kimberly Wristers, PhD, Conference Chair, at 713-794-7615.

Scheduled Speakers

Sharon-Lise Normand, PhD, Associate Professor of Biostatistics, Department of Health Care Policy, Harvard Medical School, Department of Biostatistics, Harvard School of Public Health. Expert in the Application of Propensity Scores and Bayesian Analyses.

Joseph L. Schafer, PhD, Associate Professor, Department of Statistics, Pennsylvania State University. Expert in Multiple Imputation Techniques and General Linear Mixed Modeling.

Cindy Christiansen, PhD, Associate Professor of Health Services, School of Public Health, Boston University. Expert in Bayesian Analyses.

Mark McClellan, PhD, Assistant Professor of Economics, Department of Economics, Stanford University. Expert in Analyses using Instrumental Variables.

Constantine Gatsonis, PhD, Professor, Department of Biomedical Community Health, Brown University. Expert in Random Effects Modeling. Technique: Distinguishing Individual Effects from Facility Effects in Multilevel Models

Bengt O. Muthén, PhD, Associate Professor, Social Research, Methodology Division, Graduate School of Education and Information Studies, University of California, Los Angeles. Expert in Random Coefficient Modeling, Longitudinal Data Analysis Techniques, Mixture Modeling, and Structural Equation Modeling.

Linda Muthén, PhD, Director of Product Development for M-PLUS General Latent Variable Modeling Software, Expert in the Application of Missing Data Analysis Techniques and Information Bias Handling Techniques. Technique: Mixture Modeling

Research

New Research Grants

Project Title: Epidemiology and Clinical Outcomes of Hepatitis C Infection Among Veterans
PI: [Hashem B. El-Serag, MD, MPH](#)
Funding: Schering Pharmaceuticals Inc.

Hepatitis C virus infection (HCV) is of particular concern to the VA because its prevalence among veterans is 4 to 5 times that in the general population. Analysis of the currently available VA databases (e.g. The Patient Treatment File, The Outpatient Clinic File, BIRLS File) can provide important information about HCV-related resource use and clinical outcomes. This project will use several of the computerized VA databases to examine the epidemiology and clinical course of HCV among US veterans. The specific aims are: (1) To expand the current definition of high-risk groups that can be targeted for HCV screening in VA; and (2) To estimate the magnitude of complicated HCV infection in VA and to identify the predictors of complicated HCV disease. Such knowledge is needed to guide both clinical decision making by health care providers and policy makers in implementing VA's national HCV initiative, as well as serving as a baseline measurement against which the achievements of the HCV initiative can be evaluated.

Project Title: Perioperative management of anticoagulant therapy in patients with chronic atrial fibrillation
PI: [Rebecca Beyth, MD, MS](#)
Collaborators: [Carol M. Ashton, MD, MPH](#); [Nancy Petersen, PhD](#); and Francesca Cunningham, PharmD, Chicago Hines VA
Funding: American Heart Association (AHA)

The long-term goal of this project is to improve the perioperative management of anticoagulant therapy in patients with chronic atrial fibrillation who undergo a major surgery. There are two specific aims of this proposal: The first aim is to determine the incidence of thromboembolism, major bleeding and 30-day mortality after major surgery in patients with chronic atrial fibrillation and to compare to rates among patients without chronic atrial fibrillation.

The second aim is to determine the perioperative management of anticoagulant therapy of patients with chronic atrial fibrillation who undergo major surgery and its association to three outcomes: (1) thromboembolism, (2) major bleeding, and (3) 30-day mortality.

The proposed research will be a retrospective cohort design in which a cohort of patients with chronic atrial fibrillation (chronic AF cohort) will be assembled from existing VA administrative and clinical databases from October 1, 1996 to September 30, 1999. Patients will be followed longitudinally for a minimum of six months and a maximum of 3 years of follow-up.

The cumulative frequency, as well as incidence rates, of events (thromboembolic, major bleeding and death) after a major surgery will be determined. Analyses to adjust for confounding variables associated with both the outcomes of interest and the presence or absence of chronic atrial fibrillation will be conducted. A proportional hazards analysis will be used to compare event rates between those with and without chronic atrial fibrillation. The actual perioperative strategies that are used in the management of the anticoagulant therapy before and after surgery will also be determined in a large national cohort of patients with atrial fibrillation using a VA pharmacy database from October 1, 1999 to December 31, 1999. Risk-adjusted differences in the three outcomes among types of anticoagulant therapy will be tested using a proportional hazards analysis.

This proposal is unique in that it will be the first large-scale study to describe the perioperative management of anticoagulant therapy and to quantitate the rates of postoperative thromboembolism, bleeding and death in patients with chronic atrial fibrillation.

In press

[Byrne MM](#), Thompson P. A positive analysis of financial incentives for cadaveric organ donation. Forthcoming: *Journal of Health Economics*.

Financial incentives of various kinds have been suggested to alleviate the chronic shortage of transplantable organs in the United States. This paper analyzes the possible consequences of financial incentives on organ supply. We show that under current practice and current law (which are not the same), inducements to donate organs or to register as an organ donor may

Research

lead to a decline in the supply of organs. Furthermore, some financial incentives that have been proposed lead to time inconsistent choices.

El-Serag HB, Mason AC. Risk Factors for the Rising Rates of Primary Liver Cancer in the United States. Forthcoming: *Archives of Internal Medicine* 2000.

A recent increase in the incidence of hepatocellular carcinoma was reported in the United States. The cause for this witnessed rise was unknown. We examined the temporal changes in the VA Patient Treatment File in both age-specific and age-standardized hospitalization rates of primary liver cancer associated with hepatitis C, hepatitis B, and alcoholic cirrhosis. A total of 1,605 patients were diagnosed with primary liver cancer between 1993-1998. There was a 3-fold increase in the age-adjusted rates for primary liver cancer associated with hepatitis C virus from 2.3 per 100,000 (1.8 to 3.0) between 1993-1995 to 7.0 per 100,000 (5.9 to 8.1) between 1996-1998. Concomitant with this rise, the age specific rates for primary liver cancer associated with hepatitis C has also shifted towards younger patients. During the same time period, age-adjusted rates for primary liver cancer with either hepatitis B virus (2.2 versus 3.1 per 100,000) or alcoholic cirrhosis (8.4 versus 9.1 per 100,000) remained stable. We concluded that hepatitis C virus infection accounts for most of the increase in the number of primary liver cancer among US veterans.

Oddone EZ, Petersen LA, Weinberger MA. "Health care use in the Veterans Health Administration: Racial trends, spirit of inquiry" in National Research Council. *America Becoming: Racial Trends and Their Consequences*. Smelser N, Wilson WJ, Mitchell F, editors. Washington, DC: National Academy Press, *in press*.

In *America Becoming: Racial Trends and Their Consequences*, leading scholars and commentators explore past and current trends among African Americans, Hispanics, Asian Americans, and Native Americans relative to the mainstream. This volume presents the most up-to-date findings and analysis on racial and social dynamics, with recommendations for ongoing research.

It examines compelling issues in the field of race relations, including:

- Race and ethnicity in criminal justice
- Demographic and social trends for Hispanics, Asian Americans, and Native Americans
- Wealth, welfare, and racial stratification
- Residential segregation and the meaning of neighborhood
- Disparities in educational test scores among races and ethnicities
- Health and development for minority children, adolescents, and adults
- Race and ethnicity in the labor market, including the role of minorities in America's military
- Immigration and the dynamics of race and ethnicity
- The changing meaning of race
- Changing racial attitudes.

Gordon, HS, Aron, DC, Fuehrer, SM, Rosenthal, GE. Using Severity-Adjusted Mortality to Compare Performance in a Veterans Affairs Hospital and in Private-Sector Hospitals. Forthcoming: *American Journal Medical Quality*.

The objective of this study was to compare hospital mortality in Veterans Affairs (VA) and private-sector patients. The study included 5016 patients admitted to 1 VA hospital. Admission severity of illness was measured using a commercial methodology that was developed in a nationwide database of 850,000 patients from 11 private-sector hospitals. The method uses data abstracted from patients' medical records to predict the risk of death in individual patients, based on the normative database. Analyses compared actual and predicted mortality rates in VA patients. VA patients had higher ($P < .05$) severity of illness than private-sector patients. The observed mortality rate in VA patients was 4.0% and was similar ($P = .09$) to the predicted risk of death (4.4%; 95% confidence interval 4.0-4.9%). In the subgroup analyses, actual and predicted mortality rates were similar in medical and surgical patients and in groups stratified according to severity of illness, except in the highest severity stratum, in which actual mortality was lower than predicted mortality (57% vs 73%; $P < .001$).

Research

Just Published...

Byrne MM, Thompson P. Death and dignity: Terminal illness and the market for non-treatment. *Journal of Public Economics* 2000; 76:263-294.

Expenditures on health care at the end of life are very high, although studies have shown that higher costs are not associated with better outcomes. In addition, patient preferences for treatment are often not taken into account in terminal illness decision making. This research developed a stochastic model of illness, death and treatment choice to analyze two proposals – legally binding advance directives and insurer paid compensation schemes – to reduce the incidence of aggressive and possibly futile end of life treatment. We assessed whether in a competitive market, the proposals are consistent with (i) individual rationality in selection of competitive insurance contracts; (ii) medically ethical treatment provision; and (iii) reductions in end of life expenditures. We conclude that binding advance directives are always medically unethical, while compensation schemes are medically ethical, consistent with individual rationality, and reduce end of life expenditures.

Kunik ME, Huffman JC, Bharani N, Hillman SL, Molinari VA, Orenge CA: Behavioral disturbances in geropsychiatric inpatients across dementia types. *J Geriatr Psychiatry Neurol* 2000;13:49-52

The objective of this study was to compare differences in behavioral, psychiatric, and cognitive status among geropsychiatric inpatients with Alzheimer's, vascular, alcohol-induced, and mixed dementia. No significant differences existed in the character or severity of agitation among patients with Alzheimer's, vascular, alcohol-related and mixed dementia. Interestingly, patients with vascular dementia compared to patients with other dementias admitted for behavioral disturbances were less cognitively impaired and more medically burdened.

Menke TJ, Rabeneck L, Hartigan PM, Simberkoff MS, Wray NP. Clinical and socioeconomic determinants of health care use among HIV-infected patients in the Department of Veterans Affairs. *Inquiry* 2000;37:61-74.

The impact of clinical and socioeconomic characteristics on health care use was estimated for HIV-infected patients. Data came from the Department of Veterans Affairs (VA) HIV Registry, which electronically extracts data from patients' automated medical records, and from patient interviews. Unlike prior studies, we included a staging system incorporating CD4 count and AIDS-defining diagnoses. Clinical factors were the most important determinants of health care use. Socioeconomic variables were seldom significant. These results are expected in VA, since VA is an equal access system, providing care regardless of socioeconomic status.

Kumar M, Goodkin K, Kumar AM, Baldewicz TT, Morgan R, Eisdorfer, C. HIV-1 Infection, Neuroendocrine Abnormalities, and Clinical Outcomes. *CNS Spectrum* 2000;5(5):55-65

Different lines of evidence suggest that human immunodeficiency virus type 1 (HIV-1) infection is complicated by a variety of adverse effects on neuroendocrine systems. Soon after the discovery of HIV-1, reports began to appear suggesting that a number of neurotransmitter and neuroendocrine activities were negatively impacted by this infection. In 1987 it was observed that fine-needle aspiration of the lung in patients with acquired immunodeficiency syndrome resulted in syncopal reactions. Subsequently, an abnormality in the autonomic nervous system was reported in these patients. However, investigations in this area have remained limited due to the assumption that HIV-1-mediated activation of various endocrine systems was related to the major life stressor of living with a fatal disease. Evidence accumulated over the years has indicated, instead, that there are various other mechanisms in addition to life stressors that also play an important role in negatively impacting the neuroendocrine systems in this infection. This article examines various developments that have taken place in this area in order to provide avenues for future research.

Beyth, R. Hemorrhagic Complications of Oral Anticoagulant Therapy. In: Sanders WB, editor. *Thromboembolic Disease and Anticoagulation in the Elderly*. 2000.

Dr. Wray receives VA Under Secretary's Award for HSR

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career. Here I will focus on the philosophy. I will condense her talk (begging her indulgence) into the ten principles she related.

1. Set high standards for yourself and require the same high standards from those who choose to join you.
2. Recognize not the importance of our individual independence but our strength through interdependence.
3. As members of a health care organization, we have an obligation to conduct investigations that are important to that organization.
4. Identify and pursue an area that you love,

“In doing your research, pursue what you believe to be important, even if it means taking a chance.”

for this will allow you to proceed in the face of rejection.

5. Science is not so much what you do but how you do what you do.
6. In doing your research, pursue what you believe to be important, even if it means taking a chance.
7. Step beyond the research arena, and come to know the users of your science.
8. Mentoring: straight talk, high expectations, frequent engagement, accessibility and advocacy.
9. (paraphrased) You didn't get to where you are by yourself. You owe a debt to many people along the way. “If I have seen farther than others, it is because I was standing on the shoulders of giants.” (Isaac Newton)
10. The journey is the reward.

Dr. Wray is an active clinician, preeminent researcher, respected mentor, and vigorous

contributor to VA's Health Services Research and Development Service. She built the Houston Center for Quality of Care and Utilization Studies from the ground up, taking it from three investigators at its founding to over 20 when she stepped down in 1998 to assume the leadership of the Section of Health Services Research at Baylor College of Medicine, the academic affiliate of the Houston VA Medical Center. She has done and continues to do important research in the use of large health care databases for quality assessment, risk adjustment, and understanding patients' preferences for treatment and outcomes. An author or co-author of over 70 articles and numerous other reports, book chapters, and abstracts, she has done research on conditions of particular importance to veterans, including heart failure, prostate cancer, and arthritis of the knee. Currently she and several colleagues are completing a landmark study that is a randomized, placebo controlled study of the efficacy of arthroscopic surgery of the knee for osteoarthritis. This study has broken open a public debate on the use of placebo study arms in clinical trials investigating the efficacy of surgical investigations. The study has been featured in multiple newspaper articles, including the New York Times.

The life of a scientist is increasingly hectic. There seems to be less and less time for reflection. On the one hand, it is life of the mind, a life of intellectual creativity, and one with the exhilaration that comes from being a discoverer of new knowledge. On the other hand, it is a life that is extremely concrete, one filled with the production of tangible products such as papers, grant applications, reports, talks, and project meetings. It is a life full of deadlines, delayed gratification, administrative frustrations, and rejection letters that outnumber acceptance letters.

Dr. Wray's talk made us stop and remember what a grand endeavor it is in which we are engaged. Once again, Nelda P. Wray has shown us what true leadership is and how a true leader thinks and lives. We congratulate her and thank her.

Staff Achievements

July

Dr. Nelda P. Wray, Chief of General Medicine at the Houston VA Medical Center and Chief for the Section of Health Services Research in the Department of Medicine at Baylor, has been appointed to the National Advisory Committee of The Robert Wood Johnson Clinical Scholars Program (CSP), by Steven Schroeder, President, The Robert Wood Johnson Foundation.

Dr. Laura Petersen, a reviewer for *Annals of Internal Medicine*, has been recognized as an outstanding reviewer in 1999. Her reviews were designated as in the top 10% of all reviews in 1999. Dr. Petersen is a VA Research Career Development Awardee.

June

Congratulations to **Dr. Nelda P. Wray**, winner of the Houston VA Medical Center's Scientific Employee of the Year Award. **Dr. Wray's** achievements were also proudly displayed for the Houston VAMC's National Health Care Week Hall of Fame presentation.

Robert Morgan, PhD, (pictured right) presented "Medicare HMO enrollment among VA health service users and non-users," at the Association for Health Services Research Annual Meeting in Los Angeles, CA.

Mark Kunik, MD, presented "Recent Developments in the Assessment and Treatment of Psychiatric Problems in Patients with Dementia," at the Houston Psychiatric Society. Dr. Kunik is a VA Research Career Development Awardee.

Dr. Linda Rabeneck was Visiting Professor in Gastroenterology at the University of Miami School of Medicine.

Laura Petersen, MD, MPH was asked to join two national committees: Society of General



Internal Medicine's Subcommittee on Promotion and Tenure and the SGIM's Annual Meeting Scientific Abstract Selection Committee.

Cheryl Anderson, PhD, (pictured right) presented "Exercise motives, reasons to quit, and the moderating and mediating effects of depressive symptoms," at the Annual Meeting of the American College of Sports Medicine, Indianapolis, IN



Frank Martin, MS, public information officer, was selected for the Health Improvement Institute Quality Award national assessment panel. The HIIQA is given to organizations whose awards or ratings of Internet health information sites meet HIIQA standards of excellence.

May

Dr. Nelda P. Wray was the keynote speaker for the Texas Women's University research symposium. Dr Wray's topic was "Response to Surgical Interventions: The Role of the Placebo Effect."

Dr. Carol M. Ashton was a featured speaker at the Houston VA Medical Center's Research Awareness Day. Dr. Ashton's topic was "Patterns of Care in the VA Medical System 1992-1998."

Dr. Linda Rabeneck was appointed to the Scientific Advisory Board of the Glaxo Wellcome Institute. She was also appointed as an Associate Editor of a new journal, *Evidence Based Gastroenterology*, which was launched in May 2000.

Kimberly Wristers, PhD, and **Linda Rabeneck, MD, MPH**, presented "Patient Satisfaction in Dyspepsia Is Related to Pain Symptoms," at the American Gastroenterology Association (AGA) Scientific Meeting and Digestive Disease Week (DDW) Seminar, San Diego, CA. At the AGA meeting, **Dr. Rabeneck**

Staff Achievements

was the Chair for the AGA Focused Clinical Update session on “Dyspepsia.”

At the AGA, Digestive Diseases Week Seminar in San Diego, CA, research investigator [Hashem El-Serag, MD, MPH](#) (pictured right) and colleagues gave five presentations. His oral, research and clinical presentations included: 1) “Improved survival following variceal hemorrhage



over an 11-year period in the Department of Veteran Affairs.” 2) “Hepatitis C virus underlies the rising rates of primary liver cancer among US veterans.” 3) “Survival trends of patients with hepatocellular carcinoma in the US.” 4) “Determinants of intestinal metaplasia in the antrum, corpus, and cardia of the stomach.” 5) “Epidemiology of *Helicobacter pylori* and upper GI disease.”

April

[Dr. Rebecca Beyth](#) has been appointed as a reviewer for the *American J of Cardiology*.

Veterans Health Administration, Department of Veterans Affairs has selected [Dr. Howard Gordon](#) as a reviewer for New Clinical Program Initiatives. Dr. Gordon is a VA Research Career Development Awardee.

March

[Debora Paterniti, PhD](#), has been appointed as a reviewer for the journal *Qualitative Sociology*.

Several investigators presented at the 18th Annual Meeting of VA HSR&D Service, March 23, 2000: [Margaret Byrne, PhD](#), presented “Effect of Primary Care Service Lines on Patient Outcomes” and “Using multiple methods to study complex organizational phenomena: the service line evaluation project.” [Dr. Howard](#)

[Gordon](#) and [Debora Paterniti, PhD](#), presented “Racial variation in cancer patients’ health seeking behaviors and acceptance of care.” [Drs. Howard Gordon, Michael Johnson, and Carol M. Ashton](#) presented “Variation in the process of care for black and white patients in veterans hospitals.” [Kimberly Wristers, PhD](#) and [Dr. Nelda P. Wray](#) presented a workshop on “Longitudinal Data Analysis Techniques.” [Debora A. Paterniti, PhD](#), and colleagues organized a workshop: “Using Qualitative Methods in Health Services: Describing and Understanding Health Care.” [Dr. Petersen](#) and colleagues presented four abstracts: 1) Comorbidity, Severity, and Outcome Of Patients With Acute Myocardial Infarction in VHA Compared With Medicare; 2) Comparison Of Risk Adjustment Methods For Capitated Payments In VHA; 3) Medicare enrollment status among VA users by VISN; and 4) Enrollment in the Medicare program among veterans turning age 65. [Dr. Petersen](#) also conducted two workshops: “Challenges in Conducting Research on Racial Variations in Health Care” and “Preparing Your CV for Promotion,” at the VA Health Services Research Career Development Annual Meeting.

[Dr. Linda Rabeneck](#) (pictured right) was appointed to the Research Committee, American Society of Gastrointestinal Endoscopy. She was also appointed as the American Gastroenterological Association representative



to the American Digestive Health Foundation’s Subcommittee on Clinical/Outcomes Research.

[Debora A. Paterniti, PhD](#), participated in a meeting at the National Institutes of Health on the process of informed consent and discussed some of the results of a study (L. McCullough, PhD, PI) on barriers to the process of informed consent in vulnerable populations.



The Center of Excellence sported its first softball team this spring: The Outliers. Allstars from the Center included Mike Johnson, Delaine Fournier, Kimberly Wristers, Sabrina Dragoo, Cynthia Boudreux, Hong-Jen Yu, and Mark Kunik. The team finished the regular season 7-2 and made it to the finals in post season action, taking second place in the Baylor College of Medicine softball league. The Outliers team trophy is proudly displayed in the Center's foyer...right next to the stapler.



Peggy Tomme, Michael Johnson, Mark Kunik, Dianna Desmore, Michael Mitchell, Hong-Jen Yu, Chris O' Malley, and Kimberly Wristers



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